

# Indiana State Board of Health Facility Administrators

August 2011 Edition



## **Board Members:**

Shelley Rauch, HFA  
Kelly Borrer, HFA  
Jennifer Gappa, HFA  
Colleen Matthews, HFA  
Christine Shuey, HFA  
Kathy Frank, IU Designee  
Arlene Franklin, LTC Ombudsman  
Nan Girton, Consumer Member  
Gina Berkshire, ISDH Designee  
Karen Smith Filler, FSSA Designee  
William Province, Physician Member

## **Administrative Staff:**

Tasha Coleman, Director  
Andre Phillips, Asst Director  
Lorrie Ruble, Case Manager  
Kimberly Oakley, Case Manager  
Kathy Dishman, Case Manager

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[www.in.gov/pla/hfa.htm](http://www.in.gov/pla/hfa.htm)

## **2011 Meeting Dates/locations:**

- ❖ September 1
- ❖ November 3

All meetings are held in IPLA Conference RM  
W064, Indiana Government Center South,  
402 West Washington Street, Indianapolis, IN  
46204.

## **Member Profile:**

In this section of the newsletter we will introduce you to your board one by one.

**Shelley L. Rauch, MBA, HFA**, an Indiana-licensed Health Facility Administrator since 1990, was appointed to the Indiana Health Facility Administrator Board in 2008. She currently serves as its chair and designated liaison with the office of the Indiana Attorney General for preliminary investigation of complaints against licensed administrators.

Mrs. Rauch is a member of the Board of Directors of the Indiana Association of Homes and Services for the Aging, and a member of its Executive, Budget and Finance, and Public Policy committees. Previously she chaired the organization's board.

After earning a bachelor's degree in social work from Purdue University, Mrs. Rauch obtained a masters in business administration from Indiana Wesleyan University. She shares her knowledge and experience by serving as a preceptor for administrators in training, Purdue University social work students, and business students from Marian University. She also lectures on the health care industry and the seniors it serves for the IAHSa spring and fall conferences, and has been a surveyor for the national accrediting agency for senior health care services.

*Quote: "My involvement on the HFA board helps deepen my understanding of current regulatory challenges that health care services and administrators face each day. It has strengthened my appreciation of the issues in our industry, and of the best practices, policies and procedures of those organizations that consistently deliver quality services to seniors in Indiana."*

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## Helpful Links:

NAB: [www.nabweb.org](http://www.nabweb.org)

IHCA: [www.ihca.org](http://www.ihca.org)

IAHSA: [www.iahsa.com](http://www.iahsa.com)

HOPE: [www.hoosierownersandproviders.org](http://www.hoosierownersandproviders.org)

## What's Happening in your Profession?

- Effective **July 1, 2011** IPLA will require criminal background checks of all new licensees. In addition, at the discretion of the board, a criminal background check may be required for a licensee currently on probation who wishes to terminate his or her probationary status and for a current license holder processing a renewal.
- The next IAHSA Preceptor Course for HFA's is scheduled for **October 4, 2011**.
- The next renewal for HFA's is **August 31, 2012**.
- IHCA offers an Online Preceptor Course for both members and non-members. For more information visit <http://www.ihca.org/pagesroot/pages/Education-Preceptor.aspx>
- The next Martin University Preceptor Course is scheduled for **September 22, 2011**.

## Regulatory Committee Continues Evaluation of the Health Facility Administrators

The Regulatory Occupations Evaluation Committee (ROEC) met on April 20, 2011 to continue its evaluation of the Health Facility Administrators Board (HFAB), which issues professional licenses to Indiana Health Facility and Residential Care Administrators. ROEC was formed due to a law passed by the Indiana General Assembly in 2010 that required an evaluation of the need for and function of every professional licensing agency administered by the State of Indiana.

At the most recent ROEC meeting, the committee received testimony and recommendations from the Chair of the HFAB, Shelly Rauch who also is a licensed administrator. After discussing with the ROEC members the process by which the HFAB evaluates administrator's performance via CEU audits and examination of Immediate Jeopardy/Sub-standard Quality Care findings from state and federal facility surveys, Mrs. Rauch made several recommendations to the ROEC to improve the HFAB's oversight of Indiana's administrators. The recommendations included:

- Designate a compliance officer to the HFAB who would identify and act upon issues identified in state and federal facility surveys;
- Create a compliance fund, funded by an add-on to the HFA licensure fee, in order to provide the HFAB additional resources to provide education, licensee retraining and to fund the recommended compliance officer;
- The HFAB is only allocated \$15,143 per year to operate even though it generates nearly \$80,000 in licensure fees each year ;
- Require all administrators to report any change of employment to the HFAB in order to monitor excessive employment changes which may indicate poor performance;
- Study the regulatory structure regarding the Administrator in Training program to remove barriers of entry into the profession.

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## **Quit Now!**

Employees in Indiana's long term care facilities can join the thousands of Hoosiers who are ready to quit smoking. Tobacco Prevention and Cessation at the State Health Department and INShape Indiana have launched the "2011 Quit Now Indiana Contest", where quitters have an opportunity to win \$2,500.

Participants pledge to remain tobacco free throughout October in exchange for better health and a chance to win extra spending money. To be eligible to win, contestants must be 18 years or older, a legal resident of Indiana, a current tobacco user and stay tobacco free from October 1 through October 31, 2011.

To register, or for more information, visit [www.INShapeIndiana.org](http://www.INShapeIndiana.org), [www.QuitNowIndiana.com](http://www.QuitNowIndiana.com), or call (317) 234-1787. Registration must be received by September 30. Employers (including LTC facilities) interested in promoting the contest on-site may request a free contest kit at [www.QuitNowIndiana.com](http://www.QuitNowIndiana.com)

After receiving the recommendations, the ROEC members engaged in limited discussion, most of which focused upon the link between state and federal facility surveys and administrator performance. Several questions were asked regarding the role of the Indiana State Department of Health in evaluating administrators and whether that department should be more involved.

The next step in the ROEC's evaluation of the HFAB will be the writing of a report containing final recommendations of the ROEC, as to what changes, if any, should be made to the HFAB in order to further protect Indiana consumers. This final report will be forwarded by the ROEC to the legislature's Health Finance Commission for their review during the summer of 2011.

*Posted by Indiana Health Care Association*

## **Special Announcement From the Immunization Action Coalition (IAC)**

The Immunization Action Coalition (IAC) has recently released its July issue of *Needle Tips*, for all healthcare professionals who give vaccines. Also available is *Vaccinate Adults*, a shortened version of *Needle Tips* modified for those who work only with adult patients. Both are now available for downloading, printing, and reading.

Here are links directly to the PDFs of the publications: [Needle Tips](#) and [Vaccinate Adults](#). These publications contain ready-to-print educational materials for healthcare professionals and their patients, updated immunization recommendation tables, vaccine news highlights, and IAC's popular "Ask the Experts" question-and-answer column with answers by CDC experts Andrew Kroger, MD, MPH; Donna Weaver, RN, MN; and William Atkinson, MD, MPH.

*Needle Tips* and *Vaccinate Adults* are available exclusively online. Current and past issues of *Needle Tips* are available at [www.immunize.org/nt](http://www.immunize.org/nt) and *Vaccinate Adults* at [www.immunize.org/va](http://www.immunize.org/va).

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## Disciplinary Action:

A list of board disciplinary actions may be found on our license litigation system at <http://www.in.gov/ai/appfiles/pla-litigation/>

Free online licensure look-ups may be obtained at <https://extranet.in.gov/WebLookup/Search.aspx>. This is a real time database and is the best resource for accurate data.

## Notes from the Director,

*Welcome to what is the first in an ongoing series of quarterly newsletters. The purpose of these newsletters is to keep you abreast with what is going on in your profession as well as with the Indiana State Board of Health Facility Administrators. Because we value your input we welcome you to email us at [pla6@pla.in.gov](mailto:pla6@pla.in.gov) to ask questions or voice concerns; indicate in the subject line "Newsletter: HFA" and you may see your questions, comments, and concerns addressed in a future publication.*

*Tasha Coleman*

## An Update on Reporting of Crimes in Long Term Care Facilities

by [Zach Cattell, J.D.](#), IHCA General Counsel

On August 12<sup>th</sup>, 2011, the Centers for Medicare and Medicaid Services ("CMS") released an update to the June 17<sup>th</sup>, 2011, Survey and Certification Memorandum 11-30-NH (the "Memorandum") that provides guidance to State Survey Agencies ("SSA"), the Indiana State Department of Health ("ISDH") in Indiana, regarding the reporting of reasonable suspicions of crimes in long term care facilities ("LTC") (click here for the updated Memorandum: [Updated S&C 11-30-NH](#)).

The Memorandum was published due to the passage of the Elder Justice Act that, in part, requires certain covered individuals to report reasonable suspicions of crimes in that occur in LTCs to the ISDH and a local law enforcement agency. The revised memorandum includes a Questions and Answers document, at pages 13-18, and guidance on the content of required notice regarding anti-retaliation provisions.

### CMS Questions and Answers

The additional CMS guidance provides, unfortunately, only a few new pieces of information. For the most part the Questions and Answers regurgitate information that was already communicated in the original Memorandum. That being said, the following are new guidance from CMS:

- Reporting a reasonable suspicion of a crime does not require "first-hand knowledge" of the events giving rise to the reasonable suspicion.
- Continuing Care Retirement Communities must comply with the reporting requirements and, specifically, notices that are required to be posted must be so posted in the SNF/NF portion of the community and not in each building or unit of the entire community.
- To promote a culture of safety, and to encourage reporting of reasonable suspicions of crimes, it is not recommended that facilities require covered individuals

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report to the facility when a report of a reasonable suspicion of a crime is made. Anti-retaliation provisions of the reporting requirement reinforce this premise.

- However, this guidance must be balanced with the requirement for facilities to ensure that all alleged violations involving mistreatment, abuse, neglect, injuries of unknown origin and misappropriation of resident property are immediately reported to the administrator and other officials in accordance with current law.
- The 2-hour and 24-hour reporting requirements for reports of reasonable suspicions of crimes (2-hours when events results in serious bodily injury, and 24-hours for all other reports) are based on actual (clock) time, and not business hours.
- Incidents such as falls, bruising/injuries of unknown origin, resident-on-resident abuse, and other events, may be subject to the crimes reporting requirement, but are case specific. Each of these events would be reportable as an incident, but whether there is a reasonable suspicion of a crime

depends on the surrounding circumstances.

## **Indiana State Department of Health Guidance**

The ISDH is currently working on drafts of several documents including a general advisory letter regarding the entire reporting requirement, an implementation checklist and timeline, sample posters for notice requirements, and its own questions and answers document. The Indiana Health Care Association, as well as other long term care trade associations, are working with the ISDH in the development of these documents, which should be released within the month.

## **Recommendations**

LTC facilities should immediately develop policies and procedures implementing the crimes reporting requirements. According to CMS, the law is in effect and should be enforced by State and Federal Surveyors.

Training of covered individuals (owners, operators, employees, managers, agents or contractors of the facility) regarding their individual duty under the requirement is critical. Each facility will want to be sure that each covered individual understands his/her responsibility, how to make a report, how to join a group report if a group report is being made, that the individual is not to be retaliated against for making a report to the ISDH or local law enforcement and if retaliation occurs how the individual can make a report regarding such retaliation.

LTC facilities need to reach out to their local law enforcement agency, either the county sheriff or city/town police, as applicable, regarding communication of reports. Establishing a relationship with local law enforcement for purposes of reporting reasonable suspicions and understanding what constitutes a crime in the local jurisdiction are key components to implementation.

*If you have any questions about the crime reporting requirements, please contact Zach Cattell at 317-636-4341.*

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